

<b>CLAIMS ONLY</b>								<b>Application Number</b>	<b>Filing Date</b>				
								<b>Applicant(s)</b>					
								<b>* May be used for additional claims or amendments</b>					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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49							99						
50							100						
Total Indep.							Total Indep.						
Total Depend.							Total Depend.						
Total Claims							Total Claims						

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						